SECTION 6 – Other Insurance

Do you have any existing life insurance policies or annuity contracts? ❑ Yes ❑ No
If "Yes," please complete any necessary replacement forms.

SECTION 7 – Stranger Originated Life Insurance

Has the Proposed Insured or Owner had a conversation with any person about selling or transferring this proposed policy to a third party?	❑ Yes ❑ No
Has the Proposed Insured or Owner been offered any money or other payment in connection with this application?	❑ Yes ❑ No
Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?	❑ Yes ❑ No
Has the Proposed Insured or Owner had a life expectancy report or evaluation done by an outside entity or company? If yes, please explain why the expectancy report was obtained._____	❑ Yes ❑ No

SECTION 8 – Nicotine Use

Has the Proposed Insured used nicotine in any form in the past 12 months? ❑ Yes ❑ No

SECTION 9 – Physician Information

Name of Family Physician **(Required)**	Family Physician Phone Number **(Required)** ( ) -

Family Physician Address **(Required)**

SECTION 10 – Medical Questions

If the plan selected in Section 4 is the Guaranteed Issue Whole Life, the Proposed Insured should not answer the health questions below.

PART A - EXPRESS ISSUE WHOLE LIFE – COMPLETE PART A ONLY

If any question in Part A is answered "Yes", the Proposed Insured is not eligible for Express Issue Whole Life.

A. Do you currently receive kidney dialysis or require oxygen use or have you received or been told that you need an organ transplant or have you been diagnosed as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.)	❑ Yes ❑ No
B. Do you require assistance to feed, bathe, dress, or take your own medication or are you currently confined to a hospital, nursing home, mental facility, hospice, or require home health nursing care?	❑ Yes ❑ No
C. Have you ever been diagnosed or treated for AIDS (Acquired Immune Deficiency Syndrome) or an AIDS-related condition or had a positive result on an HIV test?	❑ Yes ❑ No
D. **In the past twelve (12) months:**	
1. Other than for temporary or minor conditions, have you been hospitalized two or more times?	❑ Yes ❑ No
2. Other than preventive, maintenance, or risk lowering medications prescribed, have you been treated for or diagnosed with any cancer (other than Basal Cell skin cancer), heart attack, stroke, or had heart surgery (including angioplasty)?	❑ Yes ❑ No
3. Have you used any illegal drugs, been treated for or advised to have treatment for drug abuse?	❑ Yes ❑ No

PART B - EXPRESS ISSUE DELUXE – COMPLETE PARTS A & B ONLY

If any question in Part B is answered "Yes", the Proposed Insured is not eligible for Express Issue Deluxe. Submit the case as Express Issue Whole Life.

A. **In the past 2 years:**	
1. Have you been diagnosed or treated for, or are you currently under treatment for:	
a. Alzheimer's Disease or Dementia?	❑ Yes ❑ No
b. Any form of Cancer (other than Basal Cell skin cancer) or Brain Tumor?	❑ Yes ❑ No
c. Other than preventive, maintenance, or risk lowering medications prescribed, have you been diagnosed or treated for Heart or Circulatory Disorder (except controlled hypertension) or Stroke?	❑ Yes ❑ No
d. Had surgery for any Heart Disorder (including angioplasty) or Circulatory Disorder (except varicose veins)?	❑ Yes ❑ No
e. Sickle Cell Anemia or Kidney Disease (including dialysis, nephropathy) or Liver Disease (including hepatitis B & C)?	❑ Yes ❑ No
f. Lung Disease (except controlled, mild asthma not requiring any hospitalization in the past 2 years)?	❑ Yes ❑ No
g. ALS (Lou Gehrig's Disease) or Neurological disorders (including neuropathy, excluding controlled seizure disorder with no seizures in the past 2 years)?	❑ Yes ❑ No
2. Have you been advised by a medical professional to have any tests (excluding an HIV test), surgery, treatment, or further medical evaluation that have not been performed or do you have any medical test (excluding an HIV test) results pending?	❑ Yes ❑ No
3. Have you excessively used, been treated for, or been advised to have treatment for alcohol or drug abuse?	❑ Yes ❑ No
B. **In the past 10 years** have you been convicted of a felony or currently have pending charges for a felony; or currently on parole from a felony conviction?	❑ Yes ❑ No

PART C - EXPRESS ISSUE PREMIER – COMPLETE PARTS A, B, & C

If any question in Part C is answered "Yes", the Proposed Insured is not eligible for Express Issue Premier. Submit the case as Express Issue Deluxe.

A. **In the past 2 years:**	
1. Have you been diagnosed or treated for, or are you currently under treatment for:	
a. Schizophrenia or Bipolar Disorder?	❑ Yes ❑ No
b. Diabetes requiring insulin treatment?	❑ Yes ❑ No
c. SLE (Systemic Lupus Erythematosus)?	❑ Yes ❑ No
2. Have you been convicted of operating a vehicle while intoxicated, or had your driver's license suspended or revoked?	❑ Yes ❑ No
3. Have you been declined or postponed for Life Insurance?	❑ Yes ❑ No
B. If under age 65, are you currently disabled, or been disabled in the last six months or at any time during the last six months received any disability compensation or been mentally or physically unable to complete 30 hours per week of active employment?	❑ Yes ❑ No
C. Do you now participate in, or do you have plans to participate in any hazardous sport or aviation?	❑ Yes ❑ No

SECTION 11 – Agreement/Acknowledgment

I hereby apply for the insurance indicated above and I am submitting the first premium. I have read (or have had read to me) all statements and answers recorded on this application, and I certify that the answers are true and accurate whether written by my own hand or not. I understand and agree that no information or knowledge obtained by any agent, medical examiner, or any other person in connection with this application shall be construed as having been made known to or binding upon United Farm Family Life Insurance Company unless such information is in writing and made a part of this application. I understand that my policy will not be effective until the later of: the date it is issued by the company as applied for and the premium paid; or the date of my written acceptance of the policy if issued other than applied for and the premium paid.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc., Notice.

*****WARNING*****

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

I hereby certify under penalties of perjury, that the tax identification number provided is true, correct, and complete.